

Foxley Lodge Residential Care Home

Foxley Lodge Residential Care Home

Inspection report

24-26 Foxley Hill Road
Purley
Surrey
CR8 2HB

Tel: 02086684135

Date of inspection visit:
27 September 2017

Date of publication:
26 October 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 September and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in April 2016. At that inspection we gave the service an overall rating of requires improvement. This was because we found the provider in breach of the regulations. We found staffing levels did not meet the needs of the people. Accidents and incidents involving people were not investigated and reviewed. People were not fully protected against risks associated with medicines. People did not always receive care that reflected their needs and preferences. Systems to assess, monitor and improve the quality and safety of the service were not effective. Records relating to people and to the management of the service were inaccurate, out of date and not consistently maintained.

Although not a breach of the regulations we also found where people lacked capacity to make decisions the reasons for making decisions on people's behalf were not clearly recorded by the provider. We found the environment did not fully meet the needs of people living with dementia.

Foxley Lodge Residential Care Home provides accommodation and personal care for up to 22 older people who are living with varying stages of dementia. There were 22 people using the service at the time of this inspection. The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken the action they said they would and now met legal requirements. Arrangements to manage medicines at the service had been improved. Protocols for 'as required' (PRN) medicines had been updated. The provider reviewed each time this medicine was administered to check this had been appropriate for the person. Medicines supplied to the service had been changed by the dispensing pharmacy. This had reduced the risk of medicines not being appropriately administered. People received the medicines prescribed to them. Medicines were stored safely and securely.

There was now enough staff deployed at the service to meet people's needs. The provider used a dependency tool to assess, review and amend staffing levels as dependency levels at the service changed. We observed staff were present and assisting people when required and answered call bells promptly.

The provider's arrangements to assess the needs of people prior to admission had been improved and considered how a person's needs would impact on others at the service to decide whether this would be an appropriate admission to the service.

Records relating to people were now current and well maintained. The provider had reviewed and updated people's care records and people's support plans were personalised and set out how care and support should be provided based on their preferences and choices. The provider reviewed people's records to

check that the support provided reflected what had been planned and to identify any changes required to the care people received.

Records relating to the management of the service had also been improved. The provider had reviewed and updated the service's policies and procedures. This meant staff now had access to up to date information and guidance to support their working practices.

Systems to identify any new and emerging risks to people had been revised. The provider reviewed information recorded about accidents and incidents to identify any learning or improvements that were needed to current working practices to improve the quality and safety of the service for people.

The environment had been updated to meet the needs of people living with dementia. The provider had made changes to communal bathrooms and toilets and improved signage to help people orientate and find their way around more easily. The home had been redecorated and new equipment and items had been purchased. An activity co-ordinator had been recruited who had improved the range and quality of activities for people.

People were safe. Staff knew how to protect people from the risk of abuse or harm and followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. Staff received relevant training, which included dementia specific courses, and felt well supported by senior staff. The provider maintained robust recruitment checks to assure themselves of staff's suitability and fitness to support people.

The premises and equipment were maintained and serviced to ensure these were safe. The environment was clean and staff followed good practice to ensure risks to people from poor hygiene and cleanliness were minimised. The environment was clear of slip and trip hazards so people could move freely around apart from one area of the ground floor lounge where staff remained vigilant to risks posed to people by a small set of stairs.

People were supported to eat and drink enough to meet their needs and to access healthcare services when needed. Staff encouraged people to participate in activities and events to meet their social and physical needs and reduce risks to them from social isolation.

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were encouraged to do as much as they could and wanted to do for themselves to retain their independence. Staff were warm and welcoming to visitors to the service.

Staff knew people well and the specific support people required and how each person communicated their choices about what they wanted. People were prompted to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People, their representatives and staff were encouraged to provide feedback about their experiences and suggestions for how the service could be improved. The provider maintained arrangements to deal with people's complaints appropriately if these should arise.

The provider used their quality monitoring systems to check that improvements that had been made could be sustained and maintained. Audits and checks of other aspects of the service continued to be made by the provider to assure themselves of the quality and safety of the service. The provider had contracted an

external organisation to audit different aspects of the service to offer robust challenge around existing working practices and procedures.

The provider was working proactively with external organisations to improve the quality of the service. They used best practice to improve the quality of support provided to people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was now safe. Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing.

Regular checks of the premises and equipment were carried out to ensure these were safe and the environment was clean.

There were enough staff deployed to keep people safe. Appropriate checks were made on their suitability and fitness to work at the service.

People received their medicines as prescribed. These were stored safely and securely.

Good ●

Is the service effective?

The service was now effective. Staff received training and supervision to help them meet people's needs. They understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff ensured people ate and drank sufficient amounts, monitored their general health and wellbeing and ensured they accessed appropriate support for their healthcare needs.

The environment had been updated to make this more comfortable for people living with dementia.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service was now responsive. People's care plans were up to date and reflected their choices and preferences for how they were supported. These were reviewed regularly.

People were encouraged to take part in activities to meet their social and physical needs and to reduce risks to them from social isolation.

Good ●

The provider had appropriate arrangements in place to deal with any concerns or complaints people may have.

Is the service well-led?

The service was now well led. The provider used quality monitoring systems to check that improvements could be sustained and maintained. Audits and checks of other aspects of the service continued to be made

Records relating to people and to the management of the service were up to date and well maintained.

People and staff were asked for their views on how the service could be improved.

The provider worked proactively with external organisations to improve quality and used best practice to improve the support provided to people living with dementia.

Good ●

Foxley Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2016 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to five people using the service and two visitors of people using the service. We also spoke to the provider who was also the registered manager, the deputy manager, the activity coordinator, a senior care support worker and three care support workers.

We looked at records which included four people's care records, medicines administration records (MAR) for all the people using the service, four staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in April 2016 when answering the key question 'is the service safe?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations because staffing levels did not always meet the needs of the people using the service. We also identified accidents and incidents involving people were not reviewed or investigated which put them at risk of unsafe care. In addition we found people were not always protected against the risks associated with medicines because the arrangements to record and administer medicines were not always effective. After the inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to this breach.

At this inspection we found the provider had taken the action they said they would and now met legal requirements.

There were enough staff deployed at the service to meet people's needs. The provider was now using a dependency tool to help them assess and review staffing levels as the level of dependency at the service changed. Using this tool they had determined staffing levels on each shift needed to be increased to fully meet people's needs. Our checks of staff rotas showed this revised level had been consistently maintained. In addition a new activity coordinator had been appointed at the service which had freed up care support staff to focus on meeting people's care and support needs. During our inspection we observed staff were present and assisting people when required. Call bells were answered promptly.

Systems to identify any new and emerging risks to people had been improved. Records showed staff documented the details and circumstances surrounding accidents or incidents involving people. The provider reviewed this information in line with people's support plans and associated risk assessments to identify any underlying causes, triggers or trends which may have contributed. Where new and emerging risks to people were identified, appropriate measures were put in place to mitigate these and people's records updated accordingly so that staff had access to up to date information about how to keep people safe.

Medicines management arrangements had been reviewed and updated to ensure people were protected against risks associated with medicines. Protocols for 'as required' (PRN) medicines had been improved and contained guidance for staff which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit. Staff documented in people's records when this had been administered and the reasons why and then notified the provider. The provider reviewed this information to ensure that this action had been appropriate. This enabled the provider to seek assurances where people were prescribed a PRN medicine to reduce anxiety or aggression, that people's behaviour was not being controlled by medicines rather than being managed in a more appropriate supportive way in the first instance.

We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received the medicines prescribed to

them. Medicines were stored safely and securely. Staff were suitably trained to administer medicines. The provider undertook regular audits of medicines to ensure the arrangements in place remained appropriate and safe.

People said they were safe. One person said, "I like it here." Another person told us, "No problems at all." A visitor of a person using the service said, "Yes [person] is safe here. [They] certainly look it."

The provider continued to support staff to keep people safe from abuse or harm. Staff were trained in safeguarding adults at risk and this training was refreshed annually. Staff were aware and understood their duty to observe and report any concerns they had about people particularly if they thought they were at risk of abuse or harm. Clear processes were in place for all staff to follow should they have a concern about a person so that these could be reported promptly to the provider. Records showed when concerns about a person had been raised the provider cooperated with the investigating local authority and took appropriate action when required to ensure the person was sufficiently protected.

Staff had access to appropriate guidance and support in how to minimise risks posed to people. The provider assessed and routinely reviewed risks to people due to their specific healthcare needs and updated their support plans and risk assessments when any changes to the support people received was required. This ensured staff had up to date guidance to follow on how to reduce these risks to keep people safe. Staff were knowledgeable about the individual risks posed to people and told us how these should be minimised to protect them. For example for people at risk of falls they told us they were vigilant when people were moving around the environment and ensured they had the appropriate walking aids to hand to help them to move safely.

The provider continued to ensure the environment did not pose unnecessary risks to people. There was a programme of regular maintenance and servicing of the premises and equipment used at the service. Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, was clean. Staff wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

The provider maintained robust recruitment procedures that enabled them to check the suitability and fitness of any new staff employed to work at the service. In addition criminal records checks on all existing staff had been undertaken so that the provider could be assured of their continuing suitability to work at the service.

Is the service effective?

Our findings

At our last comprehensive inspection of the service in April 2016 when answering the key question 'is the service effective?' we gave the service an overall rating of 'requires improvement'. We did not find the provider in breach of the regulations but we identified where people lacked capacity to make decisions the reasons for making decisions on people's behalf were not clearly recorded by the provider. We also found the environment did not fully meet the needs of people living with dementia. We recommended that the provider consider current guidance on improving the environment for people living with dementia. We also recommended that the provider sought training for staff, based on current best practice, in relation to the needs of people living with dementia because staff had told us they would like more training from the provider in this area.

At this inspection we found the provider had taken action to make improvements. Following our last inspection the provider had reassessed the care and support needs of all the people using the service and updated people's records in line with the Mental Capacity Act 2005 (MCA) Code of Practice. Where the provider identified people lacked capacity to make decisions about specific aspects of their care and support, they involved people's representatives and/or others involved in people's care to make decisions that were in people's best interests.

We checked whether the service was continuing to work within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the provider was complying with the conditions applied to the authorisations.

The environment had been updated to more comfortably meet the needs of people living with dementia. The provider told us they had sought advice from Alzheimer's and dementia charities about improvements they could make to support people. One change they had made based on advice received was changing the colour of toilet seats to a bright contrasting colour to help aid people's memory about the purpose of the toilet. The communal bathroom on the ground floor had been upgraded with an assisted bath and the shower room on the first floor now had a walk in shower to make these parts of the home easier and more comfortable for people to use.

We saw signage around the environment to help people orientate and each person's bedroom door had their photo or a picture as well as their name displayed to help people locate their room more easily. The provider had completed the repainting of each floor of the building using different colour schemes to help people find their way around. Boards were used to display pictorial menus and the time and date. The provider said more work was planned in terms of updating pictures on the walls of communal areas so these were more specific to people using the service, for example pictures of people undertaking activities or participating in social events.

We saw the layout of the ground floor where a small staircase led from one lounge area to another continued to restrict the ability of some people to move freely around. All staff were aware how this posed a

risk and restricted freedom of movement for some people and responded promptly and appropriately when people approached the stairs to assist them to use the stairs safely.

Staff received training to help them meet people's needs effectively. Our checks of training records showed staff had attended training in topics and areas relevant to their work. This included specific training in understanding dementia. Staff said the training they received was useful as it helped them to perform their roles better and had improved their knowledge and understanding of how to meet people's needs. For example a staff member that had been trained in the use of hoists said, "Yes we have had practical training on how to use hoists and I found this really helpful." Staff also said the provider encouraged them to access additional training as part of their continuing development. The provider monitored training so that refresher training could be arranged when required to ensure staff's knowledge and skills remained up to date.

Staff received support from the provider through a supervision (one to one meeting) and appraisal programme. These meetings provided staff opportunities to discuss their work performance, reflect on their practice and identify areas where they could further develop. Staff told us they felt well supported by the provider. One staff member said, "I can discuss any issues I might have with the [provider] and they have always been supportive to me." Another member of staff told me, "I meet with my manager every two months for supervision. I feel well supported by them."

People were encouraged to eat and drink sufficient amounts to meet their needs. People were satisfied with the food and drink they were offered at the service. One person said, "Foods alright, yeah...nice...it is indeed." Another person told us, "Yes, the meals are very good." A visitor of one of the people using the service said, "[Person using the service] is definitely looking better and has put on a little weight since being here." We saw during mealtimes staff encouraged and prompted people to eat their meals. Throughout the day staff made sure people had access to plenty of drinks to support them to stay well hydrated. Staff showed good awareness of people's individual dietary needs. People with food allergies or special diets due to their cultural, religious or healthcare needs were catered for. Staff monitored people's food and fluid intake to check that people were eating and drinking enough to meet their needs.

Staff supported people to keep healthy and well. Staff maintained daily records of the care and support provided to people which contained their observations and notes about people's general health and wellbeing. Monthly health checks were carried out by staff and documented in people's individual records. For example, people's weight was monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Records showed staff took prompt action to ensure people received appropriate care and support from their GP when they became unwell. On the day of our inspection the GP was visiting the service to follow up a referral made to them by staff after they became concerned about the wellbeing of a person using the service.

Is the service caring?

Our findings

People spoke positively about staff. One person told us, "Staff are quite nice." Another person said, "I like it, the way I've been treated." And another person told us, "The staff are alright, definitely." A visitor of one of the people using the service said, "[Person using the service] looks very cared for...clean clothes...well-fed....[they've] really improved from when [they] first came in...[they're] more settled now." Another visitor said there were no restrictions on visiting the service and told us, "The staff are always very welcoming." We saw when visitors arrived they were warmly greeted by staff who appeared to know them well.

We observed a range of interactions between people and staff during our inspection. Staff were kind, caring and respectful towards people. The atmosphere in the communal lounge was calm and relaxed. During conversations staff made sure that people could see and hear them clearly. Staff reacted appropriately when people became agitated, distressed or disorientated. They alleviated people's anxiety or agitation in a calm and reassuring manner and gently supported people to reorientate.

During the lunchtime meal service we saw dining tables were set out with cutlery and serviettes and looked colourful and cheerful. There was room for people in wheelchairs or using walking aids to manoeuvre and sit easily. Ample drinks were on tables and staff assisted people that required help to fill their glasses. Picture menus were used to describe and remind people what they would be eating for lunch and staff checked whether people still wanted what they had ordered. When people changed their mind about the meal they were offered and provided with a suitable alternative.

Meals arrived promptly and looked appetising. The atmosphere in the dining room was calm aided by soothing background music. People appeared happy and ate their meal at their own pace. People that needed help to eat their meal were appropriately supported by staff. We saw staff were patient and engaged in talking with the person and actively encouraged them to eat. People appeared to enjoy their lunch as by the end of the meal most of the plates were emptied.

Since our last inspection the provider had made improvements to the way information about people was recorded and maintained. All staff had been provided training and support in how to maintain records appropriately which included use of language that was respectful of the person and the support that was provided, which we evidenced in our checks of records. The provider told us they checked care records and daily notes maintained by staff every day to ensure this standard was being maintained by staff at all times.

Staff knew people well and were able to explain to us the specific support people required and how each person communicated their choices about what they wanted. Staff told us they encouraged people to continue to do as much for themselves as possible for as long as they were able and only stepped in when people could not manage tasks safely. We observed when one person was walking around the environment staff were close by to assist if they needed help but let the person move freely without interference.

Staff treated people with dignity and respect when supporting them with personal aspects of their care. We saw them knock on people's doors and ask for permission before entering their rooms. People's doors were

kept closed when staff were providing them with care so that their privacy was protected. People were dressed in fresh clean clothes. Staff told us the various ways they ensured people were afforded privacy and dignity when being supported with their care. This included respecting people's choices if they did not want to receive this at that time.

Is the service responsive?

Our findings

At our last comprehensive inspection of the service in April 2016 when answering the key question 'is the service responsive?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations because they had not ensured that people received care that reflected their individual needs and preferences. After the inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to this breach.

At this inspection we found the provider had taken the action they said they would and now met legal requirements.

Our checks of records found that the provider's arrangements to assess the needs of people prior to admission had been improved. The provider now considered how a person's specific needs would impact on others at the service and used this information to decide whether this would be an appropriate admission to the service. We also found at the last inspection the provider's statement of purpose had not been updated to reflect the different types of support people could receive at the service, for example short term and/or respite care as well as long term care. At this inspection the provider told us they had reviewed their statement of purpose and amended their procedures accordingly.

The provider had improved the quality of people's records to enable staff to provide support that met people's specific needs and preferences. People's support plans were current and contained information about their life histories, their likes and dislikes and their preferences and choices for how support should be provided to them. There was guidance and prompts for staff on how people should be supported in line with their preferred routines, for example, when waking up in the morning and getting washed and dressed for the day ahead. This ensured people should receive support that was personalised and focused on their needs being met. The provider reviewed people's care records daily to check that the support staff recorded as having been provided reflected what had been planned and agreed with people and to identify any changes to the support people received that may be needed.

We saw the range and quality of activities had been improved to meet people's social and physical needs and to reduce risks to them from social isolation. A new post for an activity coordinator had been created and recruited to since our last inspection. They worked at the service four days a week and told us about some of the improvements they had made since taking up their position. For example new items to support them to provide more meaningful activities to people had been purchased. This included new colouring books, tailored to meet the needs of adults, to replace previous books that were more relevant to children. The activity coordinator was enthusiastic about their role and was researching how they could continue to improve activities to meet the needs of people using the service. They shared their learning with the rest of the care staff team at the service. This was important as when the activity coordinator was not on duty care staff provided this aspect of people's support.

There was a weekly programme of activities such as quizzes and games. In addition the activity coordinator with assistance from the care staff also undertook a range of ad hoc activities that were tailored to people's

preferences and needs. For example we observed the activity co-ordinator supporting some people who liked arts and crafts to fill in colouring books. One person who was almost blind had been provided a tactile wooden toy and later a staff member sat and read with them which they appeared to enjoy. Another person was cuddling a doll which appeared to comfort them. One person enjoyed gardening and told us about the work they had done with staff's support in the garden. They said they had just harvested the last of the tomatoes and some potatoes they had planted earlier in the year. Some people liked to watch the news or listen to the radio and they were supported to do this. One person told us practising their faith was important to them but religious services were not held frequently at the home. The provider confirmed that visiting clergy came to the home every four to six weeks and they would speak with them to see if the frequency of their visits could be increased. The activity coordinator showed us photographs of the work they had done with people which they were in the process of framing and putting up on the communal lounge wall for people to see and aid their memories, which was particularly important for people living with dementia.

Staff also supported people who did not wish to take part in activities with others. One person told us they often went out for walks with staff support. They said, "I don't join in many of the activities but I like the garden and the solitude." Another person preferred to stay in their room but staff encouraged them to continue to do things that they liked to do. For example they liked to walk around the corridor by their room and was actively encouraged and supported to do this by staff. They told us, "I walk up and down the corridor to get a bit of exercise." Staff continued to try and involve them in other activities at the service but respected the person's wishes when they did not want to.

The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was accessible and displayed in the home. Records showed when a concern or complaint had been received, the provider had conducted an investigation, provided feedback to the person making the complaint and offered an apology, when appropriate. Any learning from complaints was shared with all care staff to help them improve their working practices.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in April 2016 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations because their systems to assess, monitor and improve the quality and safety of the service had not been effective at picking up issues we identified during our inspection. We also found they did not routinely use information and learning to evaluate and improve working practices. In addition some of the records relating to people and to the management of the service were inaccurate, out of date and not consistently maintained. After the inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to this breach.

At this inspection we found the provider had taken the action they said they would and now met legal requirements.

Arrangements to manage medicines at the service had been improved to keep people safe. We saw guidance and information for staff had been updated on how and when to appropriately support people with their medicines. The provider had liaised with the dispensing pharmacy to change the way some medicines were supplied to the service. This had reduced the risk of these medicines not being appropriately administered.

There was improved management oversight of the numbers of staff required to keep people safe. The provider was now using a staff dependency tool to help them assess and review staffing levels at the service as the needs of people using the service changed. Records of these assessments were maintained by the provider to show how decisions about staffing levels had been reached to adequately meet the needs of all of the people using the service.

Records relating to people and to the management of the service were now well maintained. The provider had updated and reviewed people's care records and associated risk assessments after our last inspection. These were maintained electronically and easily accessible to staff through mobile tablets to view and update as required. Our checks of these records showed these were current and up to date with information about people's care and support needs. The provider had also reviewed and updated the service's policies and procedures. This meant staff now had access to up to date information and guidance to support their working practices.

Staff continued to maintain records of accidents and incidents involving people using the service. The provider now reviewed this information monthly to identify any learning or improvements that were needed to current working practices to improve the quality and safety of the service for people.

In addition to the actions taken to meet legal requirements, we saw the provider had sought other ways to improve the quality and safety of the service for people. Since our last inspection parts of the home had been redecorated. New equipment, carpets, furniture, linens and items to use in activities had been purchased. An activity co-ordinator had also been recruited for the service who had improved the range and

quality of activities to provide appropriate engagement and stimulation to people using the service.

The provider used their quality monitoring systems to check that improvements that had been made could be sustained and maintained. For example, the provider audited people's records to ensure these were accurate and reflective of people's current care and support needs. They also audited medicines management arrangements monthly to check that improvements made in this area were maintained. Audits and reviews of other aspects of the service continued to be undertaken by the provider to assure themselves of the quality and safety of the service. These included checks of cleanliness, hygiene and health and safety of the environment. The provider also carried out unannounced monthly spot checks of the service at night.

The provider had contracted an external organisation to audit different aspects of the service on a monthly basis which they said offered them robust challenge around existing working practices and procedures. Records from these external audits showed when any shortfalls in the service were identified the provider responded appropriately to ensure the required improvements were made.

People, their representatives and staff were encouraged to provide feedback about their experiences and suggestions for how the service could be improved. The provider held monthly meetings with people and records of these meetings showed their views and suggestions for how the service could be improved were sought. People's representatives were invited to attend meetings every six months at the service and they were also sent an annual survey in which they were asked to rate their satisfaction with the care and support provided to people. Staff said they could share their views and ideas for how the service could be improved at staff team meetings, which we could evidence from minutes of recent meetings.

The provider continued to work with external agencies and organisations to improve the quality of the service. They worked closely with the 'care home improvement team' from the local authority and were accessing support and guidance from them to improve working practices at the service. This included on-going training and support to improve the quality and range of activities for people living with dementia.

The provider was aware of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances. Our records showed that since our last inspection the provider continued to notify us appropriately of any reportable events or incidents at the service.